

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

ShePAC

ADDRESS (number and street)

PO Box 7439

☐ Check if different  
than previously  
reported. (ACC)

Arlington

VA

22207

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00512020

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tim Crawford

Signature of Treasurer

Tim Crawford

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ShePAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	38151.77	
(c) Total Receipts (from Line 19) .....	40640.54	107549.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78792.31	107549.66
7. Total Disbursements (from Line 31) .....	60112.75	88870.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18679.56	18679.62
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ShePAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2012

To:

M M / D D / Y Y Y Y Y  
09 30 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

500.00

3650.00

(ii) Unitemized .....

485.00

5025.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

985.00

8675.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

7500.00

7500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

8485.00

16175.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

32155.54

91374.66

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

40640.54

107549.66

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

40640.54

107549.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	59708.82	87566.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	59708.82	87566.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	403.93	403.93
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	900.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	900.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60112.75	88870.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60112.75	88870.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8485.00	16175.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8485.00	15275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	59708.82	87566.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	59708.82	87566.11

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: F3XN  
Transaction ID :

She PAC did no candidate advocacy except what is in report.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

## **A. Mary Beth Carozza**

Mailing Address 316 Burnside St. #401

City State Zip Code  
 Annapolis MD 21403-2482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US House of Representatives

Occupation

Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2012

**Transaction ID : A34110C0AA4B4456186F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Jason Stephens**

Mailing Address 400 E. Randolph St.  
 40A

City State Zip Code  
 Chicago IL 60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia College Chicago

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2012

**Transaction ID : A9C84E74D5C854039B84**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

## **A. Franchising PAC**

Mailing Address 1501 K St., NW  
#350

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00084491

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**07** / **09** / **2012**

**Transaction ID : A6BE7C55758DA4A76864**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Political Action Committee of AAOS**

Mailing Address 317 Massachussetts Ave.

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

**C** C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**07** / **09** / **2012**

**Transaction ID : A89ACE3723C854BD58BF**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00

7500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

**A. Sue L Roux**

Mailing Address PO Box 1211

City

Evergreen

State

CO

Zip Code

80437-1211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : A972C8DCED3D24040BDF**

Amount of Each Receipt this Period

500.00

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Lucille W Mellish**

Mailing Address 2241 Wellesley St

City

Palo Alto

State

CA

Zip Code

94306-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2012

**Transaction ID : A8165AA315B224D8B95B**

Amount of Each Receipt this Period

500.00

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Mrs Constance Bachman**

Mailing Address 104 W Main St

City

Goldendale

State

WA

Zip Code

98620-9589

FEC ID number of contributing  
federal political committee.

C

Name of Employer

K C Pharmacy

Occupation

pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2012

**Transaction ID : A629AB0AEEA5B481CA68**

Amount of Each Receipt this Period

250.00

non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

**A. roger webb**

Mailing Address 4 licardie

City  
edgewood

State Zip Code  
NM 87015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : A20F0DAC69AE94F2780E**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Lamar G Hartline**

Mailing Address 30 Old State Rd

City  
Reading

State Zip Code  
PA 19606-9482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2012

**Transaction ID : A7EB8652C9B0A4C5196F**

Amount of Each Receipt this Period

250.00

non-contribution account

Full Name (Last, First, Middle Initial)

**c. Rodger Starek**

Mailing Address 325 South St.

City  
Douglas

State Zip Code  
MA 01516-2719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thermo Fisher Scientific

Occupation  
chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2012

**Transaction ID : A2DE9C48CAC42428EAFD**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

900.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 22

☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

## **A. Frank Drohan**

Mailing Address 350 Fifth Avenue  
4815-17

City State Zip Code  
New York NY 10118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omagine, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2012

**Transaction ID : A5DAB946FA95C4DEC85E**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Diane Dixon**

Mailing Address 976 Orville Way

City State Zip Code  
Xenia OH 45385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Business Coach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2012

**Transaction ID : A3EA83B4F7B9A4C71AB1**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Karen Hendry**

Mailing Address 711W Main St

City State Zip Code  
Immokalee FL 34142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bruce Hendry Insurance Inc

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2012

**Transaction ID : AFF1D38731FA24D7C873**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 OF 22  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

**A. Herman H Williams**

Mailing Address 800 Cortez St

City

Denison

State

TX

Zip Code

75020-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 04 / 2012

**Transaction ID : AC4E429D5938340AFBED**

Amount of Each Receipt this Period

250.00

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Frederick J Stamm**

Mailing Address 125 Silver Oak Ter

City

Orinda

State

CA

Zip Code

94563-1226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Pleasant Nursing

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

**Transaction ID : A933B8335867D40AB8E1**

Amount of Each Receipt this Period

250.00

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Kevin Ferraro**

Mailing Address 353 Sweetmans Lane  
PO Box 535

City

Millstone Township

State

NJ

Zip Code

08535-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Access Electronics

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : AE1632416D12B42C5A32**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 22  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

**A. Jean D Veldwyk**

Mailing Address 5504 Rainier Ave S

City State Zip Code  
 Seattle WA 98118-2441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 04 / 2012

**Transaction ID : A9B34D77B033F4C4F8EB**

Amount of Each Receipt this Period

1000.00

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Thomas B Hayward**

Mailing Address 1223 Spring St Apt 901

City State Zip Code  
 Seattle WA 98104-3576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

**Transaction ID : AE5095DFA9A804A7587C**

Amount of Each Receipt this Period

250.00

non-contribution account

Full Name (Last, First, Middle Initial)

**C. MARTHA RENDEIRO**

Mailing Address 124 KELLOGG DR

City State Zip Code  
 Wilton CT 06897-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Silver Hill Hospital, Inc.

Occupation

Ass't Mgr. Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2012

**Transaction ID : A41914666A60B4857833**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 22  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

**A. george proctor**

Mailing Address 3167 san mateo ne  
355

City State Zip Code  
87110 NM 87110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : A80058AEB852C4EAEBD0**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Julie Kelleher Stacy**

Mailing Address 223 Allen St

City State Zip Code  
San Antonio TX 78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
unemployed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2012

**Transaction ID : A40B729181FEB48B2B9B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Held**

Mailing Address 4119 Evergreen Drive

City State Zip Code  
Fairfax VA 22032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : AA06C14DB803446DC951**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 22

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

## **A. Jeffrey Held**

Mailing Address 4119 Evergreen Drive

City State Zip Code  
 Fairfax VA 22032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

**Transaction ID : A0ADEEA636D6144DC932**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Pamela Fowler**

Mailing Address 5114 River Oaks Drive

City State Zip Code  
 Kingsland TX 78639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Ranching

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : AF1E3B0F3401147339CA**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Elizabeth Martin Wiskemann**

Mailing Address 357 Highland Ave

City State Zip Code  
 San Rafael CA 94901-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : AD63C45A768F947D9805**

Amount of Each Receipt this Period

500.00

non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 22  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

**A. James Attrell**

Mailing Address 50 Remington Terrace

City Highland Village State TX Zip Code 75077

FEC ID number of contributing federal political committee.

C

Name of Employer

retired

Occupation

investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : A8329A7D68473443A9C1**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Fieldale Farms Corp.**

Mailing Address PO Box 558

City Baldwin State GA Zip Code 30511

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2012

**Transaction ID : AE7EF1FC3605C4C4096A**

Amount of Each Receipt this Period

1000.00

non contribution account

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

9750.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 22

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

**A. Upstream Communications**Mailing Address 1609 Shoal Creek  
#203

City Austin State TX Zip Code 78101

Purpose of Disbursement  
Internet fundraising and web site maintenance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 02 / 2012**Transaction ID : B7128140732EF4155ABD**

Amount of Each Disbursement this Period

12.25

Full Name (Last, First, Middle Initial)

**B. Upstream Communications**Mailing Address 1609 Shoal Creek  
#203

City Austin State TX Zip Code 78101

Purpose of Disbursement  
Internet fundraising and web site non-contribution account

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 02 / 2012**Transaction ID : B80FFD8C51CAC427CB8C**

Amount of Each Disbursement this Period

2551.90

Full Name (Last, First, Middle Initial)

**C. Upstream Communications**Mailing Address 1609 Shoal Creek  
#203

City Austin State TX Zip Code 78101

Purpose of Disbursement  
design and programming non-contribution account

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 02 / 2012**Transaction ID : B50D910961FDF43D988B**

Amount of Each Disbursement this Period

1321.55

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3885.70

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ShePAC

### A. Bebe Goodrich

Mailing Address 712 Hoadley Drive

City	State	Zip Code
Birmingham	AL	35213-1512

Purpose of Disbursement	Brochure Design-non contribution account
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Three digital displays are shown side-by-side. The first display shows '07' with two small squares above it. The second display shows '09' with two small squares above it. The third display shows '2012' with four small squares above it. The displays are separated by slashes.

Transaction ID : BB83934B8056E43FABF7

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

### B. PMG

Mailing Address 715 Columbia Gateway Dr,  
#300

City	State	Zip Code
Columbia	MD	21046

Purpose of Disbursement	postage-non contribution account
-------------------------	----------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : BC7F41F17F0BE4F20AFE

Amount of Each Disbursement this Period

8100.00

Full Name (Last, First, Middle Initial)

### C. Upstream Communications

Mailing Address 1609 Shoal Creek  
#203

City	State	Zip Code
Austin	TX	78101

Purpose of Disbursement	internet fundraising, web site programming non-contribution account
-------------------------	---

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : B7B594816B21F49849E3

Amount of Each Disbursement this Period

2656.25

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

11056.25

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ShePAC

### A. YG Network

Date of Disbursement

**Transaction ID : B86082166CB8443389F5**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

5000.00

State:  District:

Full Name (Last, First, Middle Initial)

**B. Upstream Communications**

Date of Disbursement



Transaction ID : B4F7410F1545E4AFA8CE

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**C. HSP Direct**

Date of Disbursement

Transaction ID : BAA0F7B83A75C41A9A7F

A diagram of a rectangular frame structure. The frame consists of four vertical members and four horizontal members. The four corner joints are labeled with numbers: 1 at the top-left, 2 at the top-right, 3 at the bottom-right, and 4 at the bottom-left. The frame is shown in a perspective view, with the top and bottom edges receding into the distance.

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

18014.53

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 22

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**ShePAC**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave., SE

City Washington      State DC      Zip Code 20003

Purpose of Disbursement  
compliance software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2012
**Transaction ID : BC6CEC7F787074B8CB34**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. PMG**Mailing Address 715 Columbia Gateway Dr,  
#300

City Columbia      State MD      Zip Code 21046

Purpose of Disbursement  
Postage-non contribution account

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012
**Transaction ID : BF9146910D2B84F16BC5**

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

**C. Passcode Creative**

Mailing Address 227 Third Ave. N

City Franklin      State TN      Zip Code 21046

Purpose of Disbursement  
video production-non contribution account

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012
**Transaction ID : BBAB7D55D075A43529C2**

Amount of Each Disbursement this Period

3189.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17189.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ShePAC

Full Name (Last, First, Middle Initial)

**A. Tim Crawford**

Mailing Address 6165 Mori St.

City	State	Zip Code
Mc Lean	VA	22101-3148

Purpose of Disbursement  
Capitol Hill Club Reception-non contribution account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

Transaction ID : B3650960838554D64AAC

Amount of Each Disbursement this Period

9355.19
---------

Full Name (Last, First, Middle Initial)

**B. Capitol Hill Club**

Mailing Address 300 First St. SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Reception-non contribution account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

Transaction ID : BA11DEECF26214F0D886

Amount of Each Disbursement this Period

9355.19
---------

**[MEMO ITEM]**

Reception-non contribution account

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9355.19
---------

59500.67
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 22 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>ShePAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00512020	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Roma Production</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>	
Mailing Address <b>3043 N 70th St.</b>		Amount <b>403.93</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68507</b>	Transaction ID : <b>E6F9F5D8E8F784752B34</b>
Purpose of Expenditure <b>Web Video-US Senate Nebraska Deb Fischer, Non-contribution account</b>		Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NE</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Deb Fischer</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>403.93</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>403.93</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Tim Crawford*

Signature

[Electronically Filed]

Date

 MM / DD / YYYY  
**10 / 10 / 2012**